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AUG 8 - 1969

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION  
ALBUQUERQUE, OFFICE

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LAND OFFICE	
OPERATOR	

5. Indicate Type of Lease	State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <b>D. Q. S. U.</b>
2. Name of Operator <b>Cities Service Oil Company</b>	8. Farm or Lease Name <b>Tract 49</b>
3. Address of Operator <b>Box 69 Hobbs, New Mexico 88240</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>C</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>15</b> TOWNSHIP <b>14S</b> RANGE <b>31E</b> NMPM.	10. Field and Pool, or Wildcat <b>Caprock Queen</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4229 GR</b>	12. County <b>Chaves</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

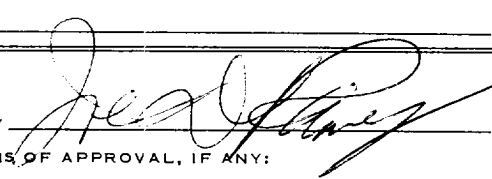
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☒ **Shut In**

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The above well was shut in on 7-31-69. This well is uneconomical to produce due to low oil and high water production. Please cancel the allowable effective 9-1-69.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _____	TITLE <b>District Manager</b>	DATE <b>8-4-69</b>
PROVED BY 	TITLE <b>SUPERVISOR DISTRICT</b>	DATE <b>AUG 11 1969</b>
CONDITIONS OF APPROVAL, IF ANY:		